

IPDR6702		NORTH CAROLINA				PAGE: 1			
RUN DATE: 06/11/2006		IPRS CHECKWRITE SUMMARY REPORT							
		CHECKWRITE DATE: 06/13/2006							
		FINANCIAL PAYER: NCDMM							
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL		
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS	
							FINALIZED	PAID	
3404901	SMOKY MOUNTAIN H/D/SAS	8505	940	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		79	133	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN		1	1253	1266	13
		191	71	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME					
3404904	WESTERN HIGHLAN DS LME	8505	2297	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		9800	374	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	2993	12402	9409	
		8000	209	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL					
3404910	PATHWAYS	8505	4322	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		9800	1413	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	11	5953	10648	4590	
		8599	59	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404912	CATAMBA COUNTYM ENTAL HEALT	8505	587	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET					
		8931	141	AMPNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	145	936	5084	4148	
		8599	87	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404913	MECKLENBURG COM ENTAL HEALT	21	8644	DUPLICATE OF CLAIM-SYSTEM					
		8599	3920	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2354	16557	34937	18380	
		8933	1588	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.					
3404916	CROSSROADS BEHA VICORAL HEAL	21	17645	DUPLICATE OF CLAIM-SYSTEM					
		79	760	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	7	19287	22373	3086	
		8599	331	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.					
3404917	CENTERPOINT HUM AN SERVICES	21	2312	DUPLICATE OF CLAIM-SYSTEM					
		8599	1876	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	721	6065	21096	15031	
		8935	462	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.					
3404918	ROCKINGHAM CO M ENTAL HEALT	0	0	*** NO DATA TO REPORT ***					
		0	0		0	0	0	0	0

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3404919	GUILFORD CO MEN TAL HEALTHC	8599	114	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	112	DUPLICATE OF CLAIM-SYSTEM	33	411	12309	11898
		191	55	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404920	ALAMANCE CASWEL L AREA MH D	8505	2425	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	1178	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	25	4230	11053	6823
		21	252	DUPLICATE OF CLAIM-SYSTEM				
3404921	ORANGE PERSON C HATHAM AREA	8505	4865	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		9312	1525	PRIOR AUTHORIZED DOLLARS EXCEE DED	14	10214	13975	3761
		21	1150	DUPLICATE OF CLAIM-SYSTEM				
3404922	THE DURHAM CENT ER	8505	4809	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	2532	DUPLICATE OF CLAIM-SYSTEM	57	11887	12731	844
		8329	2385	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA				
3404923	FIVE COUNTY MH	11	273	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		10	21	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	334	1756	1422
		8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE R FOR MH/DD	8505	8077	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	397	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	28	9920	13157	3237
		10	361	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				
3404926	SOUTHEASTERN RE G MENTAL HL	8505	353	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	325	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	35	1050	6455	5405
		8800	172	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404927	CUMBERLAND CO M HC	8505	359	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	31	DUPLICATE OF CLAIM-SYSTEM	0	467	2950	2483
		8599	19	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

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3404929	LEE HARNETT MH/ DD/SAS	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	3122	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	109	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3256	3272	16
		11	17	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404931	WAKE CO HUM SVC BILLING OF	8505	4800	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	934	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	7	6201	11562	5361
		21	128	DUPLICATE OF CLAIM-SYSTEM				
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	187	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		191	66	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	17	586	10536	9950
		120	62	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404934	ONSLow CARTERET BEHAV HEAL	11	215	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	169	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	564	1165	601
		8535	97	SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	118	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	41	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	4	201	3656	3455
		143	31	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404937	EDGEcombe NASH MNTL HLTH C	8599	24	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8537	11	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	65	1946	1881
		21	11	DUPLICATE OF CLAIM-SYSTEM				
3404938	VGFW DBA RIVERS TONE COUNSE	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0

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3404939	NEUSE MENTAL HE ALTH CENTER	8505	123	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	52	DUPLICATE OF CLAIM-SYSTEM	0	275	841	566
		8000	52	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL				
3404941	PITT CO MH/DD/S AS CENTER	21	130	DUPLICATE OF CLAIM-SYSTEM				
		8599	103	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	312	773	461
		11	36	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404942	ROANOKE CHOWANN UMAN SERVIC	21	20	DUPLICATE OF CLAIM-SYSTEM				
		3404	2	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	0	24	868	844
		24	1	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
3404943	ALBEMARLE MENTA L HEALTH CE	8599	404	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	197	DUPLICATE OF CLAIM-SYSTEM	61	713	1682	847
		8931	42	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404944	EASTPOINTE HOMA N SERVICES	21	1903	DUPLICATE OF CLAIM-SYSTEM				
		8534	928	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	4	3762	4934	1172
		79	377	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404946	FOOTHILLS AREAM ENTAL HEALT	8505	4029	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		79	2329	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	122	8438	11205	2767
		8599	500	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404957	TIDELAND MENTAL HEALTH CTR	8505	408	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	41	DUPLICATE OF CLAIM-SYSTEM	9	509	1771	1262
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404979	NEW RIVER AREAM H/DD/SA PRO	21	639	DUPLICATE OF CLAIM-SYSTEM				
		8599	204	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	190	1495	14976	13481
		10	182	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR				